

STATE OF NEVADA BOARD OF EXAMINERS FOR Steven Grierson, President Denise Quirk, Vice President Belinda Thompson, Secretary/Treasurer Dr. Rena Nora, Member Kevin Quint, Member Richard Vincent, Member Dorothy B. North, Member

## ALCOHOL, DRUG AND GAMBLING COUNSELORS 401 DAYTON VALLEY RD., SUITE B DAYTON, NV 89403 775-246-2260 775-246-2262 fax

website:alcohol.state.nv.us

## **ALLEGATION FORM**

Please complete this form in order to file a complaint related to any individual licensed or certified by the BOARD OF EXAMINERS FOR ALCOHOL AND DRUG ABUSE as an alcohol and drug abuse counselor or intern, or to file a complaint related to an unlicensed person performing activities that require a license.

Complaint Against the Following Individual		
Today's Date		
Name of Individual		
Employers/Business, Clinic Name		
Address		
City, State, Zip		
Telephone		
Accusation: Specifically describe events including names and dates as appropriate (attach additional sheets if necessary.) You must include the statute or regulation number that covers the accusation. Please refer to NRS 641C.700910 and NAC 641C.400450 – this information is available on the Internet at <a href="https://www.alcohol.state.nv.us">www.alcohol.state.nv.us</a> and <a href="https://www.alcohol.state.nv.us">www.alcohol.state.nv.us</a> and <a href="https://www.alcohol.state.nv.us">www.alcohol.state.nv.us</a>		

Have you discussed this problem with the individual? Yes No Date Their response? (Attach additional pages if necessary)			
If you were in a program, as part of this process, did you follow the program's grievance procedure?  Yes No Their response? (Attach additional pages if necessary)			
Have you reported this incident to any other agency? Yes No Date			
Complaint From:			
Name			
Address			
City, State, Zip			
Daytime Phone			
Other Means of			
Contact  What would now like to see homeon as a would of this complaint?			
What would you like to see happen as a result of this complaint?			
I have read all questions, answers, and statements contained in this Complaint form and know the contents thereof. I hereby certify under penalty of perjury the information provided on this document is true and correct to the best of my knowledge.  I give consent to the Board of Examiners for Alcohol and Drug Abuse Counselors to send a copy of this form to the individual against whom this complaint is filed, and I give consent to the release of my confidential records and other information, including that which is protected under federal			
regulations, 42 CFR Part 2.			
Date Signature			



Steven Grierson, President Denise Quirk, Vice President Belinda Thompson, Secretary/Treasurer Dr. Rena Nora, Member Kevin Quint, Member Richard Vincent, Member Dorothy B. North, Member

Subscribed and sworn to before me this
Month/Year  Notary Public for the State of
My Commission Expires
Signature of Notary Public

Please return this form to Sharon Atkinson, Executive Director Board of Examiners for Alcohol, Drug and Gambling Counselors 401 Dayton Valley Rd Suite B Dayton, NV 89403